Name In Full

Nellie E Bedsworth

Certificate of Death

Died at Town: St Peters County: Somerset Co's MARYLAND

Date 189 9 Month: June Day: 25 | Age Y. 23 M. – D. – | Native of: Somerset | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Thornton Bedsworth

Father's Name R. Brewington | Mother's Name Biddy Phoebus

Cause of Death: Primary — Died while asleep | How long sick: not at all

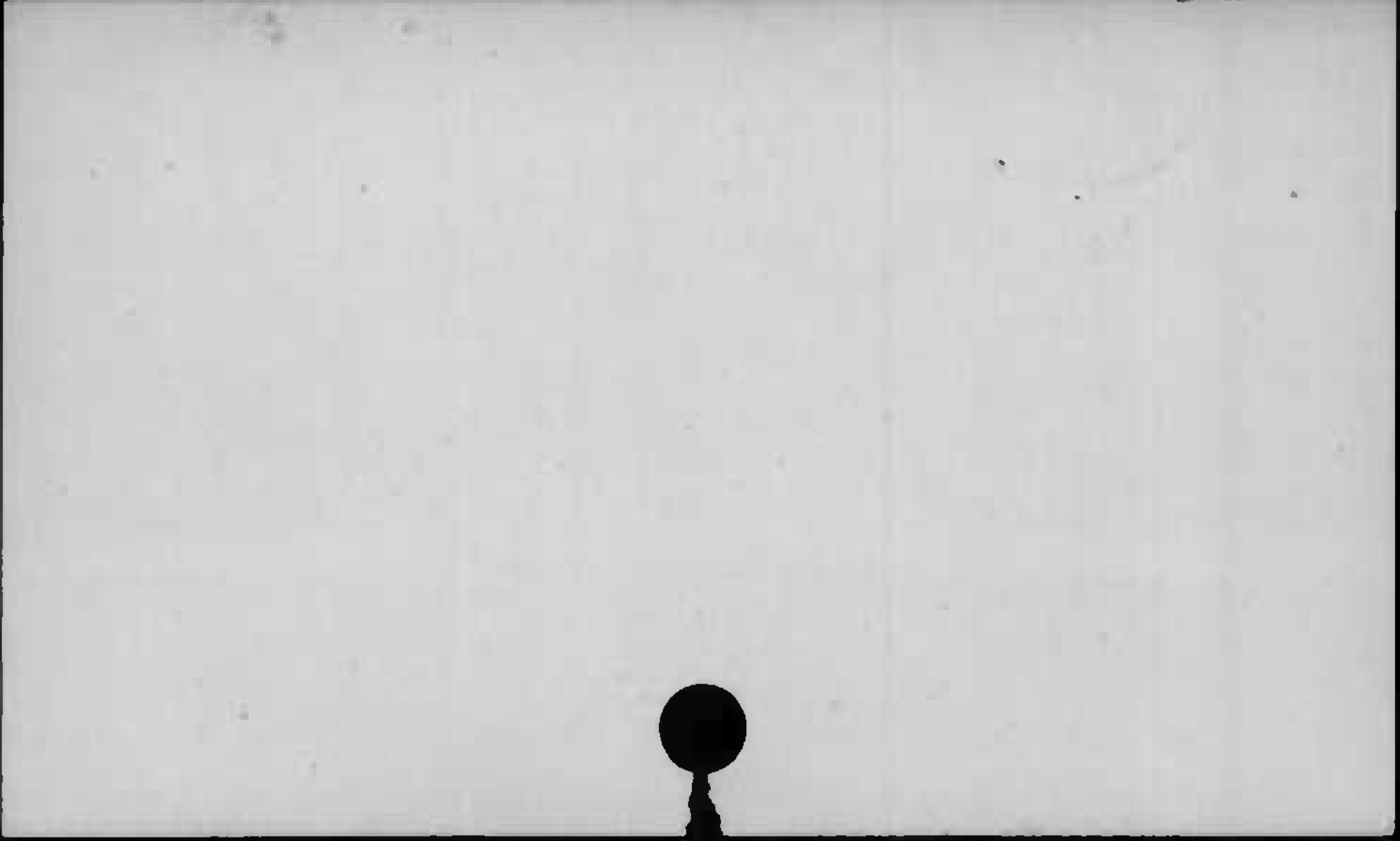
Immediate — presumably from cardiac affection | Accident, Suicide or Homicide

Reported by R. L. Hoyt M.D. 161

Address Ariole P.O. Somerset Co's

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name In Full

John Bruce Cox

Certificate of Death

Died at Town: Crisfield County: Somerset MARYLAND

Date 1899 Month: 6. Day: 19

Age Y. 22 M. 2 D.

Native of Md

Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married Single Widow ~~Widower~~ Divorced

Number of children living 0

Husband of Wife +

Father's Name James Cox

Mother's Name Mary Cox

Cause of Death: Primary Enteric Fever

How long sick 14 days

Immediate Intestinal hemorrhage

~~Accident, Suicide, Homicide~~

Reported by W. F. Hall

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 75B99

Name in Full

Certificate of Death

Rev. Chas. H. Ewing

Died at Town: Crisfield County: Somerset — MARYLAND

Date 1899 Month: June Day: 30 | Age Y. 45 M. 7 D. 10 | Native of Penn'a U.S. | Occupation P.E. Minister

Male 1/2 White 1/2 Married 1/2 Widow | Divorced

Female | Colored | Single | Widower | Number of children living 1

Husband / Wife of Anna Ewing

151

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death — Primary: Eating Rotten Soft-Crab

Immediate: Ptomaine Poisoning

How long sick 24 hours

Accident, Suicide, Homicide

Reported by Dr. J. G. Downes

Address Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 5968

Name in Full Julia hall

Certificate of Death

Died at Town Lanaonville County Somer set MARYLAND

Date 1899 Month June Day 19 | Age Y. 69 M. ~~X~~ D. ~~X~~ | Native of | Occupation

[redacted] Female | [redacted] Colored | Married [redacted] | Widow Widower | Divorced Number of children living

Husband of Wife Wels hall

Father's Name | Mother's Name

Cause of Death: Primary Peralises 44 | How long sick 11 Year

Immediate | Accident, Suicide, Homicide

Reported by W. A. Ford

Address London ville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. no doctor

of

Seen by Coroner

of

Information contained in this certificate received

from Family

of

Name In Full George Horsey

Certificate of Death

Died at Town Crisfield County Somerset MARYLAND

Date ~~189~~ 19 Month 6 Day 6 | Age Y. M. D. Unknown | Native of Md | Occupation Farmer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single Widower ~~Number of children living~~

Husband of Wife

Father's Name Geoge Horsey

Mother's Name Dead

Cause of Death: Primary 148

Immediate Drowning

How long sick

~~A[redacted]de~~, Homicide

Reported by G. L. Simonson

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full

Certificate of Death

Annie Lee McCready.

Died at Town: Crisfield County: Somerset MARYLAND

Date 189 9 Month: June Day: 10 | Age Y. 25 M. — D. | Native of Somerset Co | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

~~Husband~~ Wife of George McCready.

Father's Name William Sawes | Mother's Name Elizabeth J Sawes

Cause of Death: Primary — Poison. Bichloride Mercury | How long sick 8 days

Immediate — 1420 | ~~Accident,~~ Suicide, ~~Homicide~~

Reported by W. F. Hall

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78788

Name in Full: Not named

Certificate of Death

Died at: Town: St Peters County: Somerset MARYLAND

Date 1899 Month: June Day: 25 | Age Y. M. D.: 6 | Native of: Somerset | Occupation: none

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Moses Nutter

Mother's Name: Mollie Reese

Cause of Death: Primary: Prematurity. 138 | How long sick: 6 days

Immediate: Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by: R. L. Hoyt M.D.

Address: Oriole R.D. Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Name In Full

Powell

Certificate of Death

Died at Town Near Princess Anne County Somerset MARYLAND

Date 1899 Month June Day 13th Age Y. M. D. 9 Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Geo Powell

Mother's Name Eanie

Cause of Death Primary 161 How long sick

Immediate Dont Know Accident, Suicide, Homicide

Reported by Eliza Powell

Address Princess Anne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989B

Attended by Dr. Bermingham

of Princess Avenue

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of Wm. H. Smith

Undertaker

Name In Full Robert Price

Certificate of Death

Died at Town Prince County Somerset MARYLAND

Date 189 Month 6 Day 2 | Age Y. 16 M. 1 D. 12 | Native of Md. | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Major Price

Mother's Name Margaret Price

Cause of Death: Primary Tuberculosis 2 yrs. How long sick 3 mos.

Immediate ~~Accident, Suicide, Homicide~~

Reported by Dr. Lord Md.

Address Deal Island Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name In Full Reed

Certificate of Death

Died at Town Habnack County Somerset MARYLAND

Date 189 7 Month June Day | Age Y. 10 M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Wm T. Reed

Mother's Name

Cause of Death: Primary don't know 161 | How long sick

Immediate " " | Accident, Suicide, Homicide

Reported by Written order sent

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of Wm H Gorrith

Undertaker

Name In Full

Certificate of Death

Slemmons

Died at Town Princess Ann County Somerset MARYLAND

Date 1899 Month June Day 5th Age Y. M. D. 7 Native of Occupation

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of Wife ~~Frank & Leather~~

Father's Name Frank Slemmons Offn Sold Mother's Name Leah

Cause of Death Primary 161 How long sick all its life

Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Attended by Dr. None

of

Seen by Coroner

of

Information contained in this certificate received

from

of Thos. J. Smith Undertaker

Name in Full | Certificate of Death

Louis Elmer Smith

Died at Mt Vernon (Town) Somerset (County) MARYLAND

Date 1899 June 25 (Month Day) Age 5 (Y. M. D.) Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Perry Smith Mother's Name Ida Smith

Cause of Death: Primary Diphtheria | How long sick 8 days

Immediate Asphyxia | ~~Accident, Suicida, Homicide~~

Reported by J. T. Long

Address Allen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66969

Name in Full

Certificate of Death

Fletcher Holland Somers

Died at Town Crisfield County Somerset MARYLAND

Date 1899 Month June Day 4 | Age Y. M. D. 4 15 | Native of Md. | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name J. F. Somers

Mother's Name Marie L. Somers

Cause of Death: Primary

Immediate Meningitis 39a

How long sick 2½ days

Accident, Suicide, Homicide

Reported by Dr. J. F. Somers

Address Crisfield Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Mrs Susan Speights

Certificate of Death

Died at Town Edwin County Somerset Co MARYLAND

Date 1899 Month June Day 22 Age Y. M. D. Native of Md Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife Josiah Speights

Father's Name Jesse D Fitzgerald Mother's Name Sallie Schoolfield

Cause of Death Primary Apoplexy - 42 How long sick Sudden

Immediate Heart Failure ~~Accident~~, ~~Suicide~~, Homicide

Reported by Chas W. Wainwright M.D.

Address Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78[illegible]

Name in Full | Certificate of Death

Ramon S Wallace

Died at — Town: Deals Island — County: Somerset — MARYLAND

Date 1899 — Month: June — Day: 4 — Age: Y. 2 M. 1 D. 5 — Native of: md — Occupation:

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female,~~ — Colored — Single — ~~Widower~~ — ~~Number of children~~ living

Husband / Wife of

Father's Name: Charles F Wallace — Mother's Name: Octavo Wallace

Cause of Death — Primary: Limited from birth — How long sick

Immediate: 137 — ~~Accident, Suicide, Homicide~~

Reported by: W W Evans

Address: Deals Island md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. no Dr

of

Information contained in this certificate received from Arnold Wallace

of Deas Island

Seen by Coroner none

of

OVER

Name In Full

Bone Webster

Certificate of Death

Died at Town Tangier Sound, County Somerset Co MARYLAND

Date 1899 Month June Day 1 | Age Y. 23 M. D. | Native of Somerset | Occupation Capton

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name Mager W. Webster

Mother's Name Marcy E Webster

Cause of Death: Primary Shot 152 a

Immediate

How long sick

A[redacted], Homicide

Reported by ~~James W Webster~~ T. W. Hendry

Address Deals Island

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Attended by Dr. Dr Crow
of /

Seen by Coroner E D Anderson
of Deals Island

Information contained in this certificate received from James W. Webster
of Deals Island Md

Name in Full

Certificate of Death

Robert. Williams

Died at near Town Marion Sta County Sommerset MARYLAND

Date 1899 Month June Day 17 Age Y. 44 M. D. Native of Md Occupation Farmer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by

Address R J Adams undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79998

Attended by Dr. A B Ewel
of Marion sta Md

Seen by Coroner
of

Information contained in this certificate
ceived from R. J. Adkins
of Crisfield Md

Name In Full

Certificate of Death

Mrs Annie Wilson

Died at Town: Princess Anne County: Somerset MARYLAND

Date 1899 Month: June Day: 27

Age Y. 30 M. D.

Native of: Princess Anne

Occupation: Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~

Number of children living: 1

~~Husband~~ Wife of George Wilson

Father's Name: James Wilson

Mother's Name: Don't know

Cause of Death

Primary: Dilatation of Heart 57 — How long sick: 7 years

Immediate: Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by: Chas. W. Wainwright M.D.

Address: Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70848

Name In Full Wilson

Certificate of Death

Near Town County

Died at Princess Anne Somerset MARYLAND

Date 1899 Month June Day 26 | Age Y. 76 M. D. | Native of Somerset | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow Widower | Divorced

Number of children living 10

Husband of Wife

Father's Name Arthur Wilson

Mother's Name

Cause of Death

Primary 161

How long sick Sudden

Immediate Suppose Heart.

Accident, Suicide, Homicide

Reported by Son, Milton Wilson

Address Princess Anne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Haney

of

Seen by Coroner

of

Information contained in this certificate received

from

of Wm H. Smith.

Undertaker

Name in Full Rome O Wilson

Certificate of Death

Town Fairmont County Somerset

Died at

MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	June	6	Age	41 years			md	Watermor

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name georg Wilson ~~Leon Wilson~~

Mother's Name Lear Wilson

Cause of Death

Primary Con sum Pition 22a

How long sick 3 mont

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Attended by Dr. no Doctor in attendance

of

Seen by Coroner

of

Information contained in this certificate received

from Tromely

of Fairmount